

S&H001—Subcontractor Safety, Health and Radiological Requirements
Attachment 6—RFETS Subcontractor Respirator Quantitative Fit Test Approval

Complete and submit this form for each worker who will be required to wear a respirator at RFETS as part of their assigned work.

Worker Name								
Social Security Number								
Company								
Documentation of Respirator Fit Test Approval (To be completed by Testing Organization)								
Instructions to the Testing Organization: RFETS uses three basic types of respirators: air purifying respirators (APR), PremAire supplied breathing air (SBA), and self contained breathing apparatus (SCBA). Follow the test criteria (fit test pass level) listed below or the current OSHA Test Standard (29 CFR 1910.134, Appendix A), whichever is more stringent. In the chart below, specify (initial) at least one respirator mask type for which the employee is approved, the result (fit factor and pass or fail), size tested (small, medium, or large), and the fit test approval expiration date (no later than 1 year from date tested). Perform the fit test with the same make, model and size of respirator that will be used. To ensure a proper fit and maximum comfort, give the individual a reasonable opportunity to select a different respirator face-piece and to be re-tested. Refer all questions to the RFETS Respirator Fit Test Department at (303) 966-8253.								
Testing Person's Initials	Result (Fit Factor & Pass or Fail)	Size Tested (S, M, L)	Fit Test Approval Expiration Date	Mfr.	Model	Type	Test Criteria (Fit Test Pass Level)	Test Standards
				3M	6700, 6800, or 6900	APR/PAPR Full Face	500	29 CFR 1910.134, App. A
				3M	7800S	APR Full Face	500	29 CFR 1910.134, App. A
				MSA	Ultra * Twin/Vue	APR/PAPR/SBA Full Face	500	29 CFR 1910.134, App. A
				MSA	Ultra * Twin/Vue	APR/PAPR/SBA Full Face- Silicone ‡	500	29 CFR 1910.134, App. A
				North	7600 8A	APR Full Face	500	29 CFR 1910.134, App. A
				Survivair	Sigma Mark II	APR/PAPR Full Face	500	29 CFR 1910.134, App. A
				Survivair	Sigma Mark II	SCBA	100	29 CFR 1910.134, App. A
*If worker is expected to use PremAire Supplied Breathing Air (SBA),OptimAire PAPR, or MSA MM/MM2K PAPR, then the worker must be fit tested to this model. ‡ Mark only if medically required.								
Testing Organization Information								
My signature below indicates that I am qualified to conduct respirator fit tests and have conducted a quantitative fit test in accordance with the RFETS/OSHA quantitative fit test criteria.								
Person who conducted the Fit Test(Print)								
Company (if applicable)								
Address								
City				State		Zip		Phone
Signature							Date	
When COMPLETE, forward to:								
RFETS Occupational Medicine Department 10808 Hwy. 93, Unit B, B-122 Golden CO 80403-8200 Or FAX to: (303)966-2873				AND			RFETS Training Records 10808 Hwy. 93, Unit B, B-131 Golden CO 80403-8200 Or FAX to: (303)966-5381	